

Loudoun County Community Services Board

Privacy Notice



Effective Date: April 14, 2003

Revision: January 20, 2010

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

PLEASE REVIEW IT CAREFULLY

Your Privacy Is Important

The Loudoun County Community Services Board (LCCSB) understands your privacy is important. We are required by the Federal Health Insurance Portability and Accountability Act of 1996 to maintain the privacy of protected health information and to abide by the terms of the notice currently in effect. We will handle your health information only as allowed by Federal/State laws and agency policy, adhering to the most stringent law that protects your health information.

If at any time you believe your privacy rights have been violated, you may make a complaint. Names, addresses and phone numbers are available at the end of this notice. You will not suffer any change in services or retaliation for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

Each time you receive services from us, documentation of the visit is made in your record. The record may include your intake assessment, service plan, progress notes, diagnoses, treatment, and plan for future care or treatment.

Your Rights are defined under Federal Law 45 C.F.R. Parts 160 and 164 (HIPAA Privacy Standards), and under the Commonwealth of Virginia's Administrative Code, Title 12, Sections 35-115-80 and 35-115-90 (Human Rights)

There are several rights concerning your protected health information that we want you to be aware of:

- You have the right to see or to request copies of your health care records. This right is not absolute. If you want to see your record, please make this request in writing to your Primary Service Provider (Case Manager, Therapist, Clinician, Counselor, etc.). In certain situations (e.g., if access would cause harm) we can deny access. If denied access, you will receive a timely, written notice of the decision and reason, and a copy of this notice becomes a part of your record. This process will be kept confidential.
- You have the right to request an amendment to your health care records if you believe information in the records is inaccurate or incomplete. You must make this request in writing to your Primary Service Provider and give a reason for your request. If we deny your request, you will be provided with a written explanation of the denial.
- You have the right to receive an accounting of the disclosures of your health information that were not for the purpose of treatment, payment, or health care operations. Also, you have the right to be given the names of anyone, other than employees of the agency, who received information about you from the agency.

- You have the right to request limits or restrictions on the use or disclosure of your health information. You must make this request in writing to your Primary Service Provider. We are not legally required to agree to any restrictions you request. Either party may terminate an agreement to a restriction in writing at any time.
- You have the right to say where and how you will be contacted (e.g., at home, by mail). Requests must be made in writing to your Primary Service Provider. We will agree to all reasonable requests.
- You have the right to obtain a paper copy of this Privacy Notice at any time upon request.
- You have the right to be notified in the event of any unauthorized acquisition, access, use, or disclosure of your personal health information which compromised the security or privacy of the information.

Use and Disclosure of Your Information

The LCCSB uses and discloses minimum necessary information about you in order to provide treatment, receive payment for treatment provided, and conduct day-to-day business practices. For example:

In order to provide effective treatment/service, your Primary Service Provider may consult with various service providers within the LCCSB. Staff may communicate with your pharmacy or the State aftercare pharmacy to facilitate getting your prescriptions filled. When needed to assist with communication, your name may be provided to outside translation and interpretation services.

In order to receive payment for services provided, your health information may be sent to our clearinghouse, Professional Management Group (PMG), and those companies or groups responsible for payment coverage. The Loudoun County Treasurer's Office and Department of Management and Financial Services process payments for service. Third party payers such as the Centers for Medicaid and Medicare Services, Virginia Department of Rehabilitative Services, Virginia Department of Medical Assistance Services, and the Virginia Department for the Blind and Visually Handicapped may receive information about services you have received and audit health care records.

In day-to-day business practices, staff may handle your health care record in order to have the record assembled, available for review by the Primary Service Provider, or for filing of documentation. Certain data elements related to services you receive are entered into our computer system for statistical reporting to the Virginia Department of Behavioral Health and Developmental Services (VDBHDS). Employees of the BHDS Offices of Licensure and Human Rights may be provided access to your records for the purposes of determining the LCCSB's compliance with state regulations and for the investigation of complaints. Certain information regarding mental health services to children is entered into a local computer network called the Data Analysis Network (DAN) on a quarterly basis. Individuals receiving homeless related services will be asked to provide written consent to release certain personal information to the Homeless Information Management System (HMIS) database. The DAN and HMIS databases are maintained by our business associate, the Loudoun County Department of Family Services. In certain limited circumstances our Information Technology Department or our business associate, Anasazi, may access our computer system to provide maintenance and testing of software. As a part of our continuous quality improvement efforts to provide the most effective services, your record may be reviewed by staff to assure accuracy, completeness and organization.

Some agency programs provide the following support to enhance your overall health care and **may** contact you to provide:

- Appointment reminders by call or letter
- Information about treatment/service alternatives
- Information about health-related benefits and services that may be of interest to you.

Uses and Disclosures of Your Information by Authorization

We are required to get your written authorization to use or disclose your health information for any reason other than for treatment/services, payment, or health care operations, and those specific circumstances outlined previously. We use an *Authorization for the Release of Information* form, signed by you or your authorized representative, which specifically states what information will be given to whom, and for what purpose. You must give specific written authorization to disclose your substance abuse records. You may revoke your authorization at any time by a written statement except to the extent that we have acted on the authorization.

Other Permitted Disclosures

Federal and State laws, in certain circumstances, allow this agency to disclose the minimum necessary health information about you without your consent or authorization. These specific circumstances include:

- Business associates providing services to the agency (e.g., the clearinghouse that does our insurance billing and Cintas Document Management which does our document shredding)
- Emergencies for the purpose of preventing serious injury or death
- Health oversight agencies (e.g., Department of Medical Assistance Services)
- Public health purposes (e.g., reporting certain contagious diseases such as tuberculosis)
- Judicial and administrative proceedings (e.g., order from a court, subpoena)
- Law enforcement purposes (e.g., reporting of gun shot wounds; limited information requested about fugitives or missing persons)
- To avert serious threats to health and safety of another person (e.g., in response to a specific threat made to harm another)
- Children or incapacitated adults who are suspected victims of abuse, neglect or exploitation
- Specialized government functions:
 - Military services (e.g., in response to military command to assure the proper execution of the military mission)
 - National security and intelligence activities (e.g., protective services to the President of the United States)
 - State Department (e.g., medical suitability for the purpose of security clearance)
 - Correctional facilities
- Workers Compensation to facilitate processing and payment
- Coroners and medical examiners for identification of a deceased person or to determine cause of death
- To the Department of Health and Human Services.

Changes to Privacy Practices

The LCCSB reserves the right to change any of its privacy policies and related practices at any time, as allowed by Federal and State laws and to make the change effective for all health information that we maintain. Revised Privacy Notices will be posted at all service sites and be available upon request. You can also find our privacy notice at www.loudoun.gov/mhmr.

For additional information concerning our Privacy Practices or to file a complaint you may contact your primary service provider or his/her immediate supervisor. You may also contact:

Loudoun County Government

Heidi Gardner, Privacy Officer
906 Trailview Blvd., S.E, Suite C
Leesburg, VA 20175
Phone: (703) 737-8752
FAX: (703) 771-5367

Commonwealth of Virginia

Mark Seymour, Regional Human Rights Advocate
Box 4000
Staunton, VA 24402-4000
Phone: (540) 332-2149
Toll Free: (877) 600-7437
FAX: (540) 332-8314

Office for Civil Rights

U.S. Department of Health and Human Services
150 S. Independence Mall West, Suite 372, Public Ledger Bldg.
Philadelphia, PA 19106-9111
Main Line: (215) 861-4441
Hotline: (800) 368-1019
FAX: (215) 861-4431
TDD: (215) 861-4440
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>